

(1) PLACE OF BIRTH

County of Florence
 Township of "

or
 Inc. Town of "
 or Florence
 City of "
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

42786

Registration District No. 20-A Registered No. 261
 (For use of Local Registrar)

(2) Full Name of Child Edna Gypsy

If child is not yet named, make
 supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? — (5) Number in order of birth Second (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 4 1915
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Christ-Poor M. Gypsy(9) PRESENT POSTOFFICE OF FATHER Florence S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 61 (Years)(12) BIRTHPLACE Wilmington, N.C.(13) OCCUPATION Blacksmith(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE William P. M. Langdon(15) PRESENT POSTOFFICE OF MOTHER Florence S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE Florence S.C. R.F.D.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7:26 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) L. H. King, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife M.D. Florence S.C.

Given name added from a supplement-
 al report

(26) Witness

(Signature of Witness necessary only
 when question 23 is signed by mark)

(27) Filed Dec 9 1915 (28) L. C. Craft M.D.
 Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.